

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 29			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: THE BEECHWOOD ORGANIZATION			
Address: 500 NORTH BROADWAY			
City: JERICO	State: NY	ZIP: 11753	
Contact: ED KACZMARCZYK			Tel: 516-369-2200
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE			Tel: (516)781-3000
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: BUILDING F			
Address: 1537 OLD COUNTRY ROAD			
Address:			
City PLAINVIEW	State: NY	County: NASSAU	
Site Location: INTERIOR			
Building Size:	SqMeter:	SqFt: 15,000	# of Floors: 2
Age in Years: 55			
Present Use: RESIDENTIAL		Prior Use: VACANT	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I Category II	
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	PLASTER WALL/CEILING	100	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 10/4/2016	Completion: 3/13/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup		
XII. WASTE TRANSPORTER #1		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .		
PETER GRANDE		3/2/2016
Signature of Owner/Operator		Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
PETER GRANDE		3/2/2016
Signature of Owner/Operator		Date

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 13			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: ROCKVILLE CENTRE UFSD			
Address: 128 SHEPHERD STREET			
City: ROCKVILLE CENTRE	State: NY	ZIP: 11570	
Contact:		Tel:	
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE		Tel: (516)781-3000	
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: JENNIE HEWITT ELEMENTARY SCHOOL			
Address: 446 DEMOTT AVENUE			
Address:			
City: ROCKVILLE CENTRE	State: NY	County: NASSAU	
Site Location: AUDITORIUM			
Building Size:	SqMeter:	SqFt: 30,000	# of Floors: 2
Age in Years: 56			
Present Use: SCHOOL		Prior Use: SCHOOL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I Category II	
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	PLASTER	25	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 12/27/2016	Completion: 6/16/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup		
XII. WASTE TRANSPORTER #1		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .		
PETER GRANDE		6/16/2016
Signature of Owner/Operator		Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
PETER GRANDE		6/16/2016
Signature of Owner/Operator		Date

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
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NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 12			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: ROCKVILLE CENTRE UFSD			
Address: 128 SHEPHERD STREET			
City: ROCKVILLE CENTRE	State: NY	ZIP: 11570	
Contact:		Tel:	
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE		Tel: (516)781-3000	
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: RIVERSIDE ELEMENTARY SCHOOL			
Address: 110 RIVERSIDE DRIVE			
Address:			
City: ROCKVILLE CENTRE	State: NY	County: NASSAU	
Site Location: BASEMENT			
Building Size:	SqMeter:	SqFt: 25,000	# of Floors: 3
Age in Years: 66			
Present Use: SCHOOL		Prior Use: SCHOOL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I Category II	
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	FLOOR TILE	100	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 12/27/2016	Completion: 6/16/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

XII. WASTE TRANSPORTER #1

Name: TRI-STATE TRANSFER ASSOC., INC.

Address: 1199 RANDALL AVENUE

City: BRONX

State: NY

ZIP: 10474

Contact Person: DANNY

Telephone: (718)617-0771

XIII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIV. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES, INC.

Address: 9000 MINERVA ROAD

City: WAYNESBURG

State: OH

ZIP: 44688

Telephone: (330)866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

PETER GRADE

6/14/2016

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRADE

6/14/2016

Signature of Owner/Operator

Date

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 11			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: ROCKVILLE CENTRE UFSD			
Address: 128 SHEPHERD STREET			
City: ROCKVILLE CENTRE	State: NY	ZIP: 11570	
Contact:			Tel:
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE			Tel: (516)781-3000
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: WILLIAM S. COVERT ELEMENTARY SCHOOL			
Address: 379 WILLOW STREET			
Address:			
City: SOUTH HEMPSTEAD	State: NY	County: NASSAU	
Site Location: EXTERIOR			
Building Size:	SqMeter:	SqFt: 25,000	# of Floors: 2
Present Use: SCHOOL		Age in Years: 66	
Prior Use: SCHOOL			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed		Non-friable Asbestos Material not to be removed Category I Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	WATERPROOFING TAR		100
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 12/27/2016	Completion: 6/14/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup		
XII. WASTE TRANSPORTER #1		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .		
PETER GRADE		6/14/2016
Signature of Owner/Operator		Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
PETER GRADE		6/14/2016
Signature of Owner/Operator		Date

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NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 9			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: KINGS PARK CENTRAL SCHOOL DISTRICT			
Address: 180 LAWRENCE ROAD			
City: KINGS PARK	State: NY	ZIP: 11754	
Contact:			Tel:
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE			Tel: (516)781-3000
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: KINGS PARK HIGH SCHOOL			
Address: 200 ROUTE 25A			
Address:			
City KINGS PARK	State: NY	County: SUFFOLK	
Site Location: INTERIOR			
Building Size:	SqMeter:	SqFt: 75,000	# of Floors: 3
Age in Years: 50			
Present Use: SCHOOL		Prior Use: SCHOOL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed	
		Category I	Category II
Pipes - Linear Feet	PIPE INSULATION	100	
Pipes - Linear Meters			
Surface Area - Square Feet			
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 12/27/2016	Completion: 6/16/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup		
XII. WASTE TRANSPORTER #1		
Name: TRI-STATE TRANSFER ASSOC., INC.		
Address: 1199 RANDALL AVENUE		
City: BRONX	State: NY	ZIP: 10474
Contact Person: DANNY	Telephone: (718)617-0771	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERVA ENTERPRISES, INC.		
Address: 9000 MINERVA ROAD		
City: WAYNESBURG	State: OH	ZIP: 44688
Telephone: (330)866-3435		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .		
PETER GRANDE	6/16/2016	
Signature of Owner/Operator	Date	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
PETER GRANDE	6/16/2016	
Signature of Owner/Operator	Date	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
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NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 9			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: KINGS PARK CENTRAL SCHOOL DISTRICT			
Address: 180 LAWRENCE ROAD			
City: KINGS PARK	State: NY	ZIP: 11754	
Contact:			Tel:
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE			Tel: (516)781-3000
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: R.J.O. INTERMEDIATE SCHOOL			
Address: 99 OLD DOCK ROAD			
Address:			
City: KINGS PARK	State: NY	County: SUFFOLK	
Site Location: 2ND FLOOR			
Building Size:	SqMeter:	SqFt: 50,000	# of Floors: 2
Age in Years: 50			
Present Use: SCHOOL		Prior Use: SCHOOL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I Category II	
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	CEILING TILE	100	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 12/27/2016	Completion: 6/16/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

XII. WASTE TRANSPORTER #1

Name: TRI-STATE TRANSFER ASSOC., INC.

Address: 1199 RANDALL AVENUE

City: BRONX

State: NY

ZIP: 10474

Contact Person: DANNY

Telephone: (718)617-0771

XIII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIV. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES, INC.

Address: 9000 MINERVA ROAD

City: WAYNESBURG

State: OH

ZIP: 44688

Telephone: (330)866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

PETER GRANDE

6/16/2016

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRANDE

6/16/2016

Signature of Owner/Operator

Date

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 9			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: KINGS PARK CENTRAL SCHOOL DISTRICT			
Address: 180 LAWRENCE ROAD			
City: KINGS PARK	State: NY	ZIP: 11754	
Contact:		Tel:	
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE		Tel: (516)781-3000	
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:		Tel:	
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: PARK VIEW ELEMENTARY SCHOOL			
Address: 23 ROUNDTREE DRIVE			
Address:			
City: KINGS PARK	State: NY	County: SUFFOLK	
Site Location: INTERIOR			
Building Size:	SqMeter:	SqFt: 50,000	# of Floors: 2
Present Use: SCHOOL		Age in Years: 50	
Prior Use: SCHOOL			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	CEILING TILE	100	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 12/27/2016	Completion: 6/16/2017
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

XII. WASTE TRANSPORTER #1

Name: TRI-STATE TRANSFER ASSOC., INC.

Address: 1199 RANDALL AVENUE

City: BRONX

State: NY

ZIP: 10474

Contact Person: DANNY

Telephone: (718)617-0771

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES, INC.

Address: 9000 MINERVA ROAD

City: WAYNESBURG

State: OH

ZIP: 44688

Telephone: (330)866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

PETER GRANDE

6/16/2016

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRANDE

6/16/2016

Signature of Owner/Operator

Date

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : REVISION 1			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: KIMCO REALTY			
Address: 3333 NEW HYDE PARK ROAD			
City: NEW HYDE PARK	State: NY	ZIP: 11042	
Contact: LANCE TUCKRUSKYE			Tel: 516-546-2460
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610			
Address: 3010 BURNS AVENUE			
City: WANTAGH	State: NY	ZIP: 11793	
Contact: PETER GRANDE			Tel: (516)781-3000
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name:			
Address: 2875 RICHMOND AVENUE			
Address:			
City STATEN ISLAND	State: NY	County: RICHMOND	
Site Location:			
Building Size:	SqMeter:	SqFt: 50,000	# of Floors: 1
		Age in Years: 75	
Present Use: VACANT		Prior Use: COMMERCIAL	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M SAMPLING			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I Category II	
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	VAT & MASTIC	38,000	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)		Start: 9/7/2016	Completion: 8/31/2016
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)		Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

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City: BRONX

State: NY

ZIP: 10474

Contact Person: DANNY

Telephone: (718)617-0771

XIII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIV. WASTE DISPOSAL SITE

Name: MINERVA ENTERPRISES, INC.

Address: 9000 MINERVA ROAD

City: WAYNESBURG

State: OH

ZIP: 44688

Telephone: (330)866-3435

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

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PETER GRADE

8/25/2016

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRADE

8/25/2016

Signature of Owner/Operator

Date